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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
108195-128AR / 4 2002

TC 3700 MAIL ROOM

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,878,745, granted March 9, 1999, and for which a reissue patent is sought on the invention entitled Gastro-Laryngeal Mask

the specification of which

☐ is attached hereto.

☒ was filed on 03/08/01 as reissue application number 09 / 803,452
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

One error upon which the reissue application is based is the omission of an independent claim reciting "a first portion of the conduit being adhered to a portion of the back cushion". Such a claim is now included as claim 14 of the broadening reissue application.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

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All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number

Richard A. Goldenberg 38,895

Nancy Chiu 43,545

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☒ Customer Number

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Code Label here
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☐ Firm or
Individual Name

PATENT TRADEMARK OFFICE

Address

Address

City

State

Zip

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

ARCHIBALD VAN JEREMY ISRAIN

Inventor's signature

Date

Residence

Citizenship

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Full name of second joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.